

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>mt</i>	<i>18</i> <i>5C 569</i>	<i>3/10/01</i> <i>3/22/01</i>
RESPONSE FORMALITY REVIEW	<i>mt</i>	<i>657</i>	<i>5/23/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	12/4/02
2	13/17/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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